



In re Application of:

AKIO SAITO

Application No.: 09/822,189

Filed: April 2, 2001

For: INFORMATION PROCESSING APPARATUS  
AND METHOD, AND TELEVISION SIGNAL  
RECEIVING APPARATUS AND METHOD

Docket No. 03500.015267

Examiner: Trang U. Tran

Group Art Unit: 2614

Date: November 14, 2003

**RECEIVED**

NOV 21 2003

Technology Center 2600

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9	MINUS	24	= 0	x \$9 \$18	-0-
INDEP. CLAIMS	1	MINUS	6	= 0	x \$43 \$86	-0-
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

I hereby certify that this correspondence is being deposited with the  
United States Postal Service as first-class mail in an envelope addressed  
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-  
1450 on November 14, 2003

(Date of Deposit)

Carl B. Wischhusen

(Name of Attorney for Applicant)

Carl B. Wischhusen  
Signature

November 14, 2003  
Date of Signature

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_\_\_ month extension is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Attorney for Applicant

Registration No. 43,279

FITZPATRICK, CELLA, HARPER & SCINTO  
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New York, New York 10112-3800  
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